

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2021 OF THE CONDITION AND AFFAIRS OF THE

		Healt	h Alliance I		ichigan		
			`	me)			
	rent Period)	, <u>1311</u> (Prior Period)	NAIC Compa	ny Code	95844	Employer's ID Number	38-2242827
Organized under the Laws of	of	Michigan		, State	of Domicile o	r Port of Entry	Michigan
Country of Domicile				United	States		
Licensed as business type:	Liic, 7 toolac	nt & Health []	Vision Ser			Hospital, Medical & Dental Se Health Maintenance Organiza [X] No []	,
Incorporated/Organized		06/27/1978		Commenced	d Business	02/08/1	979
Statutory Home Office		2850 West Grand (Street and Nu			,	Detroit, MI, US 48 (City or Town, State, Country ar	
Main Administrative Office					st Grand Boureet and Number)		
	etroit, MI, US					313-872-8100	
(City or To	wn, State, Countr	, , ,			(Area Code) (Telephone Number)	
		West Grand Boulevaront and Number or P.O. Box)	d			Detroit, MI, US 48202 (City or Town, State, Country and Zip	Code)
Primary Location of Books a	and Records				2850 West G	Grand Boulevard	
	tit MI IIO	40000			(Street a	and Number)	
	etroit, MI, US wn, State, Countr				(Area	248-443-1093 Code) (Telephone Number) (Extensio	n)
Internet Web Site Address				www	/.hap.org		
Statutory Statement Contac	t	Dianna L. Rona	ın CPA			248-443-1093	
	dronan@hap	(Name)				(Area Code) (Telephone Number) (248-443-8610	(Extension)
	(E-Mail Addres					(Fax Number)	
			OFFI	^EDQ			
Name		Title	Oiii	OLINO	Name		Title
Michael Allen Genord		President and	CEO	Rob	oin Damschro	peder #,	Treasurer
Michelle Denise Johnson Esq.	i idjani	Secretary	,	Mar	jorie Ann Sta	ten J.D Ass	istant Secretary
			OTHER C	FFICER	RS		
Charillas Duras			CTORS C			Manage	alla Charranthi #
Shari Lee Burgess Caleb DeRosiers J.D		Sandra A. Cavette I Denise G. Esser			leffrey A. Cha ael Allen Gen		atha Charmathi #
John K. Gorman	=	Joyce V. Hayes	-Giles	G	regory Jacks	on # Wright Lo	owenstein Lassiter III
Raymond Carmelo Lo		Judith Stephanie	MIIOSIC	Adnan	Radwan Mun	Karan M.D. Felix M.	Valbuena, Jr. M.D. #
State of	Michigan						
County of	Wayne	ss					
above, all of the herein describ that this statement, together w liabilities and of the condition a and have been completed in ac may differ; or, (2) that state rule knowledge and belief, respective	ed assets were ith related exh nd affairs of th cordance with es or regulation rely. Furthermot t copy (except	the absolute property of bits, schedules and expension state of the NAIC Annual Statem is require differences in re, the scope of this attefor formatting difference	f the said reporting lanations therein of the reporting lent Instructions a reporting not relatestation by the de	ng entity, free contained, ar period stated and Accounting ted to accounscribed officer	and clear from nnexed or refe above, and of in Practices and ting practices are also includes	aid reporting entity, and that on to any liens or claims thereon, excirred to, is a full and true statements income and deductions theref <i>Procedures</i> manual except to the and procedures, according to the significant that the significant of	cept as herein stated, and nent of all the assets and from for the period ended, e extent that: (1) state law be best of their information, tronic filing with the NAIC,
Michael Allen C President a				mschroeder asurer		Michelle Denise Joh Secre	
Subscribed and sworn to b	pefore me this	8			b. If no 1. Si 2. D	nis an original filing? o: tate the amendment number ate filed umber of pages attached	Yes [X] No []

Roderick Irwin Curry, Notary August 14, 2027

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

						_
1 Name of Debtor	2 1 20 Dave	3 31 - 60 Days	4 61 00 Davis	5 Over 90 Days	6 Nonadmitted	7 Admitted
	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonaumilleu	Admitted
0199999 Total individuals						·
Group subscribers: Federal Employees Health Benefit Plan	7 040 570					7 242 570
rederal Employees Health Benefit Plan		ļ				7,342,576
Ford wotor company.	6,826,340					6,826,340
						+
						+
						+
						+
						+
						+
						+
						+
						+
						+
0299997 Group subscriber subtotal		0	0	0	0	14,168,916
0299998 Premiums due and unpaid not individually listed	3,279,771	154,016	2.412			3,436,199
0299999 Total group	17,448,687	154.016	2,412	0	0	17,605,116
0399999 Premiums due and unpaid from Medicare entities	68,644					
0499999 Premiums due and unpaid from Medicaid entities						1
	17.517.332	154.016	2.412	0	0	17,673,760
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	17,517,332	154,016	2,412	0	0	

EXHIBIT 3 - HEALTH CARE RECEIVABLES

EXHIBIT O-HEALITI OAKE REOLIVABLEO											
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted					
0199998 - Aggregate of amounts not individually listed above.	22,066,311	, , , , , , , , , , , , , , , , , , ,	1	<i>'</i>		22,066,311					
0199999 - Pharmaceutical Rebate Receivables	22,066,311	0	0	0	0	22,066,311					
0499998 - Aggregate of amounts not individually listed above.	4,489,287	-	· ·	703,885		5,193,172					
0499999 - Capitation Arrangement Receivables	4,489,287	0	0		0	5,193,172					
0599998 - Aggregate of amounts not individually listed above.	3,427,100	,		100,000	, ,	3,427,100					
0599999 - Risk sharing Receivables	3,427,100	0	0	0	0	3,427,100					
The state with the state with the state of t	5,121,100	Ţ.		Ů	, i	0,121,100					
					·····						
			+								
			+								
			+								
			1								
		 		 							
0799999 Gross Health Care Receivables	29,982,698	0	0	703,885	0	30,686,583					

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected ring the Year		ceivables Accrued 31 of Current Year	5	6
Type of Health Care Receivable	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	18,170,965	65,376,934		22,066,311	18,170,965	17,606,821
Claim overpayment receivables					0	
Loans and advances to providers					0	
Capitation arrangement receivables	18,720,841	324,603	703,885	4,489,287	19,424,726	16,327,028
5. Risk sharing receivables				3,427,100	0	
6. Other health care receivables	34 ,255				34,255	34,255
7. Totals (Lines 1 through 6)	36,926,061	65,701,537	703,885	29,982,698	37,629,946	33,968,103

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid Claims									
. 1	2	3	4	5	6	7				
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total				
Claims Unpaid (Reported)										
0199999 Individually listed claims unpaid	n	Λ	0	0	Λ					
0299999 Aggregate accounts not individually listed-uncovered	1,531,145	460,748	5,361	(2,932)	(84,984)	1,909,338				
0399999 Aggregate accounts not individually listed-covered	24,740,153	667,314	(340,492)	1,942,698	(2,774,777)	24,234,896				
0499999 Subtotals	26,271,298	1,128,062	(335,131)	1,939,766	(2,859,761)					
0599999 Unreported claims and other claim reserves	· · · · · · · · · · · · · · · · · · ·				, , , , , , , , , , , , , , , , , , , ,	153,605,831				
0699999 Total amounts withheld						677 , 156				
0799999 Total claims unpaid					·	180,427,22				
0899999 Accrued medical incentive pool and bonus amounts					•	18,373,960				

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admi	tted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Henry Ford Health Systems	20,000,000					20,000,000	
Alliance Health and Life Insurance Compa	7 ,267 ,743					7 , 267 , 743	
HAP Empowered Health Plan, Inc	3,128,258					3,128,258	
Henry Ford Health Systems Alliance Health and Life Insurance Compa	149,740					149,740	
					<u> </u>		
0199999 Individually listed receivables	30,545,741	0	0	0	0	30,545,741	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	30,545,741	0	0	0	0	30,545,741	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Alliance Health and Life Insurance Compa.		22,788,885	22,788,885	
Henry Ford Health System	agement Fees and Reimbursements	8,816,885	8,816,885	
Alliance Health and Life Insurance Compa. Henry Ford Health System	agement Fees and Reimbursementsagement Fees and Reimbursements	2,233,713	2,233,713	
p				
0400000 lediciduelle listed excelles		22 020 402	22 020 402	Λ
0199999 Individually listed payables		33,839,483	33,839,483	υ
0399999 Total gross payables		33,839,483	33,839,483	0

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups	230 , 195 , 017	16.4	83,667	48.3	117, 947, 271	112,247,746
Intermediaries		0.0		0.0		
3. All other providers	2,917,131	0.2	89,707	51.7		2,917,131
4. Total capitation payments	233,112,148	16.6	173,374	100.0	117, 947, 271	115, 164,877
Other Payments:						
5. Fee-for-service	6,415,619	0.5	xxx	XXX	2,868	6,412,751
Contractual fee payments	1,156,218,645	82.5	xxx	XXX	219,684,250	936,534,395
Bonus/withhold arrangements - fee-for-service		0.0	xxx	XXX		
Bonus/withhold arrangements - contractual fee payments	5,324,015	0.4	xxx	XXX	(57)	5,324,072
9. Non-contingent salaries		0.0	L xxx L	XXX		
10. Aggregate cost arrangements		0.0	L xxx L	XXX		
11. All other payments		0.0	xxx	xxx		[
12. Total other payments	1,167,958,279	83.4	XXX	XXX	219,687,061	948,271,218
13. Total (Line 4 plus Line 12)	1,401,070,427	100 %	XXX	XXX	337,634,332	1,063,436,095

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 7 - PART 2 - SUMMART OF TRANSACTIONS	EXHIBIT 7 - PART 2 - SUMMART OF TRANSACTIONS WITH INTERMEDIARIES											
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized								
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC								
	NIONIE												
	NONE												
[<u> </u>									
[ł	 								
													
9999999 Totals			XXX	XXX	XXX								

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	16,472,887		12,225,980	4,246,907	4,246,907	
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment						
6. Total	16,472,887	0	12,225,980	4,246,907	4,246,907	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 1311 BUSINESS IN THE STATE O	OF Michigan			DURING THE YEAR 2					C Company Code	95844
	1	Compreh (Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	178,320	3,355	94,546				11,955	68,464		
2 First Quarter	176,570	3,085	92,281				11,472	69,732		
3 Second Quarter	175,299	3,010	91,298				11,296	69,695		
4. Third Quarter	173,883	2,952	89,885				11,179	69,867		
5. Current Year	173,374	2,813	89,617				11,072	69,872		
6 Current Year Member Months	2,102,928	35,993	1,093,706				135,694	837,535		
Total Member Ambulatory Encounters for Year:										
7. Physician	1,383,285	14,057	531,227				82,066	755,935		
8. Non-Physician	1,761,110	18,452	676,992				104,830	960,836		
9. Total	3,144,395	32,509	1,208,219	0	0	0	186,896	1,716,771	0	
10. Hospital Patient Days Incurred	137,441	438	23,580				2,926	110,497		
11. Number of Inpatient Admissions	21,789	92	4,762				591	16,344		
12. Health Premiums Written (b)	1,511,489,028	11,063,556	558,483,542				99,912,708	842,029,222		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,511,489,028	11,063,556	558 , 483 , 542				99,912,708	842,029,222		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,401,070,427	10,756,381	502,354,272				90,830,261	797 , 129 , 513		
18. Amount Incurred for Provision of Health Care Services	1,443,411,279	10,905,054	516,485,835				91,712,565	824,307,825		

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.............842,029,222



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)	IC Company Code	
AIC Group Code 1311 BUSINESS IN THE STATE C	OF Consolidated			DURING THE YEAR 20			_		95844	
	1	Compreh (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	178,320	3,355	94,546	0	0	0	11,955	68,464	0	
2 First Quarter	176,570	3,085	92,281	0	0	0	11,472	69,732	0	
3 Second Quarter	175,299	3,010	91,298	0	0	0	11,296	69,695	0	
4. Third Quarter	173,883	2,952	89,885	0	0	0	11,179	69,867	0	
5. Current Year	173,374	2,813	89,617	0	0	0	11,072	69,872	0	
6 Current Year Member Months	2,102,928	35,993	1,093,706	0	0	0	135,694	837,535	0	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,383,285	14,057	531,227	0	0	0	82,066	755,935	0	
8. Non-Physician	1,761,110	18,452	676,992	0	0	0	104,830	960,836	0	
9. Total	3,144,395	32,509	1,208,219	0	0	0	186,896	1,716,771	0	
10. Hospital Patient Days Incurred	137,441	438	23,580	0	0	0	2,926	110,497	0	
11. Number of Inpatient Admissions	21,789	92	4,762	0	0	0	591	16,344	0	
12. Health Premiums Written (b)	1,511,489,028	11,063,556	558,483,542	0	0	0	99,912,708	842,029,222	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	1,511,489,028	11,063,556	558 , 483 , 542	0	0	0	99,912,708	842,029,222	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	1,401,070,427	10,756,381	502,354,272	0	0	0	90,830,261	797 , 129 , 513	0	
18. Amount Incurred for Provision of Health Care Services	1,443,411,279	10,905,054	516,485,835	0	0	0	91,712,565	824,307,825	0	

⁽a) For health business: number of persons insured under PPO managed care products _______0 and number of persons insured under indemnity only products _______0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$............842,029,222

Ω

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC					Type Of	Type Of			Reserve Liability Other Than For	Reinsurance	Modified	
NAIC	ID			Dominilian	Dainauranaa	Dusiness		Lincornad	Unearned	Davable on Daid	Coinsurance	Funda Withhold
Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Reinsurance Assumed	Business Assumed	Premiums	Unearned Premiums	Premiums	Payable on Paid and Unpaid Losses	Reserve	Funds Withheld Under Coinsurance
Code	Number	Епестіче рате	Name of Reinsured	Jurisdiction	Assumed	Assumed	Premiums	Premiums	Premiums	and Unpaid Losses	Reserve	Under Coinsurance
								-				
								†	†	†		1
[ļ			ļ	ļ	ļ		
						· · · · · · · · · · · · · · · · · · ·						
					NE							
				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ハソニ							
					1			-	-			
						· · · · · · · · · · · · · · · · · · ·						
												
I					ļ			-	-	ļ		ļ
								-	-			
					ļ			†	†	†		†
									1			
								ļ				
I					ļ			 		 		
					ļ							
								1	1			
9999999 T	Totals			1			0	0	0	0	0	0

SCHEDULE S - PART 2

	Rei	nsurance Recover	able on Paid and Unpaid Losses Listed by Rei	insuring Company as of December 31, Current	Year 6	7
	2	3	4	5	0	1
1 NAIC			Name			
Company Code	ID	Effective	of	Domiciliary	Paid	Unpaid
Code Accident and Hea	Number	Date ates - U.S. Non-Aff	Company	Jurisdiction	Losses	Losses
6535	36-4233459	01/01/2021	iliates ZURICH AMER INS CO.	.lNY	2,520,000	
2199999 - Acci	dent and Health	- Non-Affiliates - 1	J.S. Non-Affiliates Total Non-Affiliates		2,520,000 2,520,000	(
2299999 - Acci	dent and Health	- Total Accident and 399999, 0899999, 149	d Health		2,520,000 2,520,000	(
2399999 - 10ta	1 U.S. (Sulli UI U		99999 and 1999999)		2,320,000	
	••••••					
					-	
					 	
					ļ	
9999999 To	tals—Life, Annu	ity and Accident ar	t nd Health	1	2,520,000	

Ç

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

			Ke			n insurance Listed	by Reinsuring Con						
1	2	3	4	5	6	7	8	9	10		Surplus Relief	13	14
NAIC			Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
Company	ID	Effective	of	Domiciliary	Reinsurance	Business		Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
General Ac			es - U.S. Non-Affiliates					,			•	•	•
16535	36-4233459	01/01/2021	ZURICH AMER INS CO.	ŊY	SSL/I	CMM	25,644						
16535	36-4233459	01/01/2021	ZURICH AMER INS CO.	NY	SSL/G	CMM	775,642						
16535	36-4233459	01/01/2021	ZURICH AMER INS CO	NY	SSL / I	MR	100,255						.
16535	36-4233459	01/01/2021	ZURICH AMER INS CO.	NY	SSL/G	MR	137,023						
16535	36-4233459	01/01/2021	ZURICH AMER INS CO.	NY	SSL/G	FEHBP	96,343						
0899999		- Authorized - 1	Non-Affiliates - U.S. Non-Affiliates		•		1,134,907	0	0	0	0	0	0
1099999	General Account	- Authorized - 1	Non-Affiliates - Total Authorized Non-Affiliates				1,134,907	0	0	0	0	0	0
1199999	General Account	- Authorized -	Total General Account Authorized				1,134,907	0	0	0	0	0	0
4599999	General Account	- Total General	Account Authorized, Unauthorized, Reciprocal Jur	isdiction and Certif	ied		1,134,907	0	0	0	0	0	0
			9999, 1499999, 1999999, 2599999, 3099999, 3699999			99999, 7099999,	, , , , , ,						
7599999,	8199999 and 86999	999)	, , , , , , , , , , , , , , , , , , , ,	,,	,	,	1,134,907	0	0	0	0	0	0
													.[
				l									.[
													.[
													.
													.
		•											
		•											
											.		.
													.
											.		.
			<u> </u>								.		.
											.		.
											.		.
											.		.
													.
											.		.
													.
9999999) Totals						1,134,907	0	0	0	1 0	0	0

Schedule S - Part 4 NONE Schedule S - Part 5 NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	(\$000	Omitted) 2	3	4	5
	2021	2020	2019	2018	2017
A. OPERATIONS ITEMS					
1. Premiums	898	856	916	919	1,181
Title XVIII-Medicare	237	181	125	104	36
3. Title XIX-Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses		2,037	0	0	(248)
B. BALANCE SHEET ITEMS					
Premiums receivable		0	0	0	0
7. Claims payable		0	0	0	0
8. Reinsurance recoverable on paid losses	2,520	1,350	0	23	243
9. Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due.		0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	448,713,570		448 ,713 ,570
2.	Accident and health premiums due and unpaid (Line 15)	29,483,013		29,483,013
3.	Amounts recoverable from reinsurers (Line 16.1)	2,520,000		2,520,000
4.	Net credit for ceded reinsurance	xxx	2,520,000	2,520,000
5.	All other admitted assets (Balance)	77,052,522		77,052,522
6.	Total assets (Line 28)	557,769,106	2,520,000	560,289,106
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	180 , 427 , 221	0	180 , 427 , 221
8.	Accrued medical incentive pool and bonus payments (Line 2)	18,373,966		18,373,966
9.	Premiums received in advance (Line 8)	16,981,286		16,981,286
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	153,620,444		153,620,444
15.	Total liabilities (Line 24)	369,402,916	0	369,402,916
16.	Total capital and surplus (Line 33)	188,366,189	XXX	188,366,189
17.	Total liabilities, capital and surplus (Line 34)	557,769,106	0	557,769,106
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool.	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	2,520,000		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	2,520,000		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	. 0		
31.	Total net credit for ceded reinsurance	2,520,000		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

					siness Only		1	
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals	
1. Alabama								
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas	AR							
5. California			-					
6. Colorado	CO		-					
7. Connecticut			-					
8. Delaware								
9. District of Columbia	DC							
10. Florida			-					
11. Georgia	GA							
12. Hawaii			-					
13. Idaho								
14. Illinois	IL							
15. Indiana	JN					ļ	ļ	
16. lowa	JA						ļ	
17. Kansas								
18. Kentucky								
19. Louisiana	LA							
20. Maine								
21. Maryland							ļ	
22. Massachusetts								
23. Michigan	MI							
24. Minnesota	MN							
25. Mississippi	MS							
26. Missouri	MO							
27. Montana	TM							
28. Nebraska	NE							
29. Nevada	NV							
30. New Hampshire	NH							
31. New Jersey	NJ							
32. New Mexico	NM							
33. New York	NY							
34. North Carolina	NC							
35. North Dakota	ND							
36. Ohio								
37. Oklahoma								
38. Oregon								
39. Pennsylvania								
40. Rhode Island								
41. South Carolina							[
42. South Dakota							1	
43. Tennessee	TN							
44. Texas	TX							
45. Utah								
46. Vermont	VT							
47. Virginia								
48. Washington								
49. West Virginia								
ŭ								
50. Wisconsin						l	ļ	
51. Wyoming			1				l	
52. American Samoa								
53. Guam								
54. Puerto Rico							·	
55. US Virgin Islands						ŀ	·	
56. Northern Mariana Islands							ļ	
57. Canada								
58. Aggregate Other Alien	OT						1	

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
'		3	4		"	Name of	0	9	10	''	Type of Control	13	14	10	10
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to	1	Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent. Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)		*
Code	Henry Ford Health Systems	Code	Nullibei	NOOD	CIN	international)	Health Alliance Plan of	Location	Littly	(Name of Entity/Ferson)	iriliuerice, Otrier)	reiceillage	Henry Ford Health	(165/140)	
01311	Group	95844	38-2242827				Michigan	MI	RE	Henry Ford Health System	0wnership	100.0			
01311	Henry Ford Health Systems	33044	00-2242021	-			. Wildingan	.	NL	Health Alliance Plan of	. Owner strip	100.0	Henry Ford Health		
	Group		38 - 2513504				HAP Preferred Inc		DS	Michigan	Ownership	100.0	System	YES	
	Henry Ford Health Systems		00-2010004	-			Alliance Health and Life		Do	Health Alliance Plan of		100.0	Henry Ford Health		
01311		601343	38 - 3291563					MI	DS	Michigan	Ownership	100.0	System	NO	
01311	Group Henry Ford Health Systems	00 134	00-0291000				Insurance CompanyAdministration System Research	JVI I	Do	Health Alliance Plan of		100.0	Henry Ford Health	INO	
			38 - 2651185						De		Ownershin	100.0		YES	
	Group Henry Ford Health Systems		00-2001100				Corporation		DS	Michigan Health Alliance Plan of	Ownership	100.0	SystemHenry Ford Health	153	
04044		05044	00 0400777				IIAD Empawagad Haalah Diag Ina	M.	DC		O	100.0		NO	
01311	Group	95814 3	38 - 3123777	-			HAP Empowered Health Plan, Inc	MI	DS	Michigan	Ownership	100.0	System		
	Henry Ford Health Systems	,	00 4057000	1			Hanny Fond Hanlah Cyataii		LIDD						
	Group		38 - 1357020	-			Henry Ford Health System	-	UDP			0.0	Heavy Feed Health		
	Henry Ford Health Systems	,	00 0704000	1			Henry Ford Wyandotte Hospital		NI LA	Hanny Found Handale Control	O	400.0	Henry Ford Health		
	Group	[38 - 2791823	-			Corp		NIA	Henry Ford Health System	. Ownership	100.0			!
	Henry Ford Health Systems	,	00.47057	1			Harris Fred Marris Harris I		NII A	Harris Frank Harlith Orac	0	400.0	Henry Ford Health		
	Group		38 - 2947657				Henry Ford Macomb Hospital		NIA	Henry Ford Health System	. Ownership	100.0	System		!
	Henry Ford Health Systems						Henry Ford Macomb Real Estate,						Henry Ford Health		
	Group		38 - 2947657				- LLC		NIA	Henry Ford Health System	. Ownership	100.0	System		
	Henry Ford Health Systems												Henry Ford Health		
	Group		38 - 2565235				.Fairlane Health Services Corp		NIA	Henry Ford Health System	. Ownership	100.0	System		
	Henry Ford Health Systems												Henry Ford Health		
	Group		33-1210726				Neighborhood Development LLC		NIA	Henry Ford Health System	Ownership	100.0	System		!
	Henry Ford Health Systems						Metropolitan Detroit Area					l	Henry Ford Health		
	Group		38 - 1958953				Hospital Services, Inc.	.	NIA	Henry Ford Health System	. Ownership	33.0	System		
	Henry Ford Health Systems												Henry Ford Health		
	Group		90-0840304	-			Henry Ford Innovation Institute.	.	NIA	Henry Ford Health System	Ownership	100.0	System		
	Henry Ford Health Systems						Henry Ford Health System						Henry Ford Health		
	Group		23-7383042				Foundation		NIA	Henry Ford Health System	Ownership	100.0	System		
	Henry Ford Health Systems												Henry Ford Health		
	Group		32-0306774	-			Henry Ford Physician Network	ļ	NIA	Henry Ford Health System	. Ownership	100.0	System		!
	Henry Ford Health Systems			1			Northwest Detroit Dialysis			l.,	l		Henry Ford Health		
	Group		38 - 3232668	-			Centers		NIA	Henry Ford Health System	0wnership	56.3	System		
	Henry Ford Health Systems			1						l.,	l		Henry Ford Health		
	Group		45-5325853	-			Home Dialysis Specialty Center	ļ	NIA	Henry Ford Health System	. Ownership	30.0			!
	Henry Ford Health Systems						Macomb Regional Dialysis			l <u>-</u>	l		Henry Ford Health		
	Group		26-0423581				Centers LLC		NIA	Henry Ford Health System	Ownership	60.0	System		
	Henry Ford Health Systems			1							1		Henry Ford Health		
	Group		38 - 1378121	.			Sha Realty Corp		NIA	Henry Ford Health System	Ownership	100.0	System.		!
	Henry Ford Health Systems										1		Henry Ford Health		
	Group		90-0659735				Pace Southeast Michigan	.	NIA	Henry Ford Health System	Ownership	50.0	System		
	Henry Ford Health Systems												Henry Ford Health		
	Group		26-3896897				Henry Ford West Bloomfield		NIA	Henry Ford Health System	. Ownership	100.0	System		
	Henry Ford Health Systems			1									Henry Ford Health		
	Group	[38-3322462				P Cor, LLC (d/b/a Optimeyes)		NIA	Henry Ford Health System	.Ownership	100.0	System		
	Henry Ford Health Systems										1		Henry Ford Health		
	Group		41-2223561				Henry Ford Pathology		NIA	Henry Ford Health System	.Ownership	100.0	System		!
	Henry Ford Health Systems			1			Henry Ford Physicians				1		Henry Ford Health		
	Group		46 - 57 46 225			1	Accountable Care Org LLC		NIA	Henry Ford Health System	Ownership	100.0	System	1	

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

	-						_						1		
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage		(Yes/No)	*
	Henry Ford Health Systems Group		30-0092342				Center for Complementary and Integrative Medicine		NIA	Henry Ford Health System	Ownership.	100.0	Henry Ford Health System		0
	Henry Ford Health Systems		30-0092342				Henry Ford Health Sys		N1/A	l leni y Toru nearth System	Townership	100.0	Henry Ford Health		
	Group		46-4064067				Government Affairs Services		NIA	Henry Ford Health System	Ownership	100.0	System.		0
	Henry Ford Health Systems						Henry Ford Elijah McCoy			,			Henry Ford Health		
	Group						Condominium Association		NIA	Henry Ford Health System	Ownership	100.0	System		0
	Henry Ford Health Systems		40 5004000				HEHO OOA HALEETAAN ILO		NII A	Harris Frank Harlikk Orakan	O	40.0	Henry Ford Health		
	Group Henry Ford Health Systems		46 - 5291602				HFHS-SCA Holdings, LLC		NIA	Henry Ford Health System	Ownership	49.0	SystemHenry Ford Health		0
	Group		47 - 1436663				Michigan Metro Dialysis, LLC		NIA	Henry Ford Health System	Ownership.	20.0	System		0
	Henry Ford Health Systems		1400000				I mroningan motro branyono, eco		1	line in a right in district of the inclusion of the inclu	0 #1101 0111 p		Henry Ford Health		
	Group		98-0128041				Caymich Insurance Company, LTD		I A	Henry Ford Health System	Ownership	44.9	System.		0
	Henry Ford Health Systems												Henry Ford Health		
	Group	-	41-2176000				IRB Medical Equipment, LLC		NIA	Henry Ford Health System	Ownership	35.5	System		0
	Henry Ford Health Systems Group		38-2666933				Med Star Ambulance		NIA	Henry Ford Health System	Ownership	22.0	Henry Ford Health System		0
	Henry Ford Health Systems		30-2000933				Macomb County EMS Medical		NTA	Themy Ford hearth system	Townership		Henry Ford Health		
	Group		26-3421732				Control Authority		NIA	Henry Ford Health System	Ownership	33 0	System		0
	Henry Ford Health Systems						Community Health Technology						Henry Ford Health		
	Group		37 - 1502443				Network		NIA	Henry Ford Health System	Ownership	100.0	System		0
	Henry Ford Health Systems												Henry Ford Health		
	Group						HFHS-Acadia Joint Venture, LLC		NIA	Henry Ford Health System	Ownership	20.0	System.		0
	Henry Ford Health Systems Group						.G3 Pharmaceuticals		NIA	Henry Ford Health System	Ownership.	5.0	Henry Ford Health System		0
	Henry Ford Health Systems						. 00 Thatillaceut rears		N	l l l l l l l l l l l l l l l l l l l	0 #1101 3111 p		Henry Ford Health		
	Group						Semita		NIA	Henry Ford Health System	Ownership	20.0	System		0
	Henry Ford Health Systems												Henry Ford Health		
	Group						.Cottage Condominium Association.		NIA	Henry Ford Health System	Ownership	33.0	System		0
	Henry Ford Health Systems						KARETech Medical Devices		NIA	Hanry Ford Haalth Cyatam	Ownership	E 0	Henry Ford Health System		0
	GroupHenry Ford Health Systems	-					NAKETECH MEGICAL DEVICES		N I A	Henry Ford Health System	Ownership	J	Henry Ford Health		0
	Group						PRAM Holdings, LLC		NIA	Henry Ford Health System.	Ownership	4.6	System.		0
	Henry Ford Health Systems								1				Henry Ford Health		
	Group						Truveta, Inc		NIA	Henry Ford Health System	Ownership	14.7	System.		0
	Henry Ford Health Systems											400.0	Henry Ford Health		
	Group Henry Ford Health Systems	-	87 - 1633901				Henry Ford Physician Partners	·····	NIA	Henry Ford Health System	Ownership	100.0	SystemHenry Ford Health	·	
	Group						Henry Ford Recovery Care, LLC		N I A	Henry Ford Health System	Ownership.	49 N	System		٥
	Henry Ford Health Systems	-					l	1	IV17	Total Hoalth System	10 milot 3111 p		Henry Ford Health		
	Group		86-1607139				HFHS - MSU Health Sciences		NIA	Henry Ford Health System	Ownership	50.0	System		0
	Henry Ford Health Systems												Henry Ford Health		
	Group	-					CarePath Rx Holdings, Inc		NIA	Henry Ford Health System	Ownership	20.0	System		0
	Henry Ford Health Systems						Henry Ford GoHealth Urgent Care Mgmt, LLC		NIA	Henry Ford Health System	Ownership	50.0	Henry Ford Health System		
	Group Henry Ford Health Systems						. MIGHIL , LLG			nemy rord nearth system	Townership	0.00	Henry Ford Health		
	Group						DePre Holdings, LLC		NIA	Henry Ford Health System	Ownership.	2.3	System		0
	Henry Ford Health Systems										1		Henry Ford Health		
	Group	.					ExPre Holdings, LLC		NIA	Henry Ford Health System	Ownership	7.7	System	 	0

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership.	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to	1	Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or		Domiciliary		Directly Controlled by	Attorney-in-Fact,		Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)		*
Code	Henry Ford Health Systems	Code	Number	NOOD	OIIX	international)	Henry Ford Allegiance Health	Location	Littly	(Name of Entity/Ferson)	initidence, Other)	reiteritage	Henry Ford Health	(163/140)	
	Group		38 - 2756428				Group		NIA	Henry Ford Health System	Ownership	100.0	System		0
	Henry Ford Health Systems		00 2100420				010ар		1	Henry Ford Allegiance Health	0 #1101 5111 P		Henry Ford Health		
	Group		38-2024689				Henry Ford Allegiance Health		NIA	Group	Ownership	100.0	System		0
	Henry Ford Health Systems	-	00 202 1000				Thom y Tora Mirogrando Hoarth	1	1	Henry Ford Allegiance Health	. o willor offin p		Henry Ford Health		
	Group		38 - 1218485				Henry Ford Allegiance Carelink		JNIA	Group	Ownership	100.0	System		0
	Henry Ford Health Systems		00 1210100				Henry Ford Allegiance Health			Henry Ford Allegiance Health] · · · · · · · · · · · · · · · · · · ·		Henry Ford Health		
	Group		38-3607833				Foundation		NIA	Group	Ownership.	100 0	System.		0
	Henry Ford Health Systems		00 000, 000							Henry Ford Allegiance Health] · · · · · · · · · · · · · · · · · · ·		Henry Ford Health		
	Group		38-3370242				Henry Ford Allegiance Pharmacy		NIA	Group	Ownership	100.0	System_		0
	Henry Ford Health Systems									Henry Ford Allegiance Health			Henry Ford Health		
	Group		38-2756425				Healthlink		JNIA	Group	Ownership	100 0	System		0
	Henry Ford Health Systems		00 21 00 120							Henry Ford Allegiance Health			Henry Ford Health		
	Group		45-3253643				Jackson Health Network, L3C		NIA	Group	Ownership.	100.0	System		0
	Henry Ford Health Systems						1	1		Henry Ford Allegiance Health			Henry Ford Health		·····
	Group						Telehealth Michigan		NIA	Group	Ownership	100.0	System.		0
	Henry Ford Health Systems								1	Henry Ford Allegiance Health			Henry Ford Health		
	Group	.	38-2594857	l			Physicians Choice Network, LLC		NIA	Group	Ownership	100.0	System	l	0
	Henry Ford Health Systems						1			Henry Ford Allegiance Health			Henry Ford Health		
	Group						It's Your Life Services, LLC	l	NIA	Group	Ownership	100.0	System		0
	Henry Ford Health Systems	İ					,		İ	Henry Ford Allegiance Health	i '		Henry Ford Health	i i	
	Group		38-2336367				Henry Ford Allegiance Hospice		NIA	Group.	Ownership	100.0	System		0
	Henry Ford Health Systems									Henry Ford Allegiance Health			Henry Ford Health		
	Group		38-3316836				Jackson Community Ambulance		NIA	Group	Ownership	50.0	System		0
	Henry Ford Health Systems									Henry Ford Allegiance Health	,		Hénry Ford Health		
	Group		38-3017711				Foote Health Center Associates		NIA	Group	Ownership	62.0	System		0
	Henry Ford Health Systems						Emergency Med Services Council			Henry Ford Allegiance Health	,		Hénry Ford Health		
	Group		38-2361692				of Jackson County		NIA	Group	.Ownership	50.0	System		0
	Henry Ford Health Systems									Henry Ford Allegiance Health	,		Henry Ford Health		
	Group						Grass Lake Surgery Center, LLC		NIA	Group	Ownership	46.0	System		0
	Henry Ford Health Systems									Henry Ford Allegiance Health	,		Henry Ford Health		
	Group	.					Grass Lake Real Estate, LLC		NIA	Group	Ownership	46.0	System		0
									ļ						0
									ļ					.	
									ļ					.	
1				l				l	1			I			

Asterisk	Explanation

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	2	3	4	5	6	7	8	9	10	11	12	13
1 NAIC Company	ID		Shareholder	Capital	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other	Incurred in Connection with Guarantees or Undertakings for the Benefit of any	Management Agreements and	Income/ (Disbursements) Incurred Under Reinsurance		Any Other Material Activity Not in the Ordinary Course of the Insurer's		Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	_ *	Business	Totals	Taken/(Liability)
95844	38-2242827	Health Alliance Plan of Michigan		15,000,000			(233,563,644)				(218,563,644)	
	38-2513504 38-3291563	HAP Preferred Inc.		45 000 000							0	
60134	38-3291503	Alliance Health and Life Insurance Compa.		15,000,000			(78,052,369)		ļ		(63,052,369)	
	38-1357020	Henry Ford Health System Henry Ford Wyandotte		(30,000,000)							258 , 326 , 692	
	38-2791823	Henry Ford Wyandotte					28,224,135				28,224,135	
	38-2947657	Henry Ford Macomb Hospital					45,492,562		ļ		45,492,562	
	26-3896897	Henry Ford West Bloomfield.	-				1,209,307		ļ		1,209,307	
05044	38-3322462	P Cor LLC	+				1,030,719		ļ		1,030,719	
95814	38-3123777	HAP Empowered Health Plan, Inc Northwest Detroit Dialysis Centers					(61, 189, 491)		ļ		(61, 189, 491)	
	38-3232668	Northwest Detroit Dialysis Centers					2,318,533		ļ		2,318,533	
	26-0423581 38-2651185	Macomb Regional Dialysis Centers LLC					511,296				511,296	
	38-2651185	Macomb Regional Dialysis Centers LLC. Administration Sys Res Corp. Henry Ford Pathology.					(2,308,982)				(2,308,982)	
	41-2223561	Henry Ford Pathology					698,014		ļ		698,014	
	30-0092342	Center for Complimentary and Integrated.					28,574		ļ		28,574	
	45-5325853 47-1436663	Home Dialysis Speciality Center Michigan Metro Dialysis, LLC					8,773		ļ		8,773	
	47 - 1436663	Michigan Metro Dialysis, LLC					35,736		ļ		35,736	
	38-2027689	W.A. Foote Memorial Hospital					7,230,145				7 , 230 , 145	
											0	
									ļ			
									ļ			
									<u> </u>			
									L			
									[
									[
										<u> </u>		
										<u> </u>		
										<u> </u>		
			†						·····	†		
			†						·····	†		
			†						·····	†		
			·						·····	†····		
			·····						·····	†····		
									·····			
	ontrol Totals		0	0	0	0	0	0	XXX	0	0	0

SCHEDULE Y

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

Γ	1	2	3	4	5	6	7	8
			Ownership	Granted Disclaimer of Control\Affiliation			Ownership	Granted Disclaimer of Control\Affiliation
			Percentage				Percentage	
			Column 2 of			U.S. Insurance Groups or Entities	(Columns 5	
	Insurers in Holding Company	Owners with Greater than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	Controlled by Column 5	of Column 6)	(Yes/No)
F	ealth Alliance Plan of Michigan	Henry Ford Health System Health Alliance Plan of MichiganHealth Alliance Plan of Michigan	100.000 %	NO	Henry Ford Health System.	Henry Ford Health Systems Group. Henry Ford Health Systems Group. Henry Ford Health Systems Group.	100.000 %	NO
I A	Iliance Health and Life Insurance Company	Health Alliance Plan of Michigan	100.000 %	NO	Henry Ford Health System	Henry Ford Health Systems Group	100.000 %	NO
	AP Empowered Health Plan, Inc	Health Alliance Plan of Michigan	100.000 %	NO	Henry Ford Health System	Henry Ford Health Systems Group	100.000 %	NO
		-	%			, ,	%	
١.,			%				%	
			%				%	
			%				%	
			%				%	
١			%				%	l
١			%				%	l
١			%				%	l
1			%				%	
1			%				%	
1.			%				%	
- 1			%				%	
"			%				%	
1			%				%	
1			%				%	
1			%				0/2	
1			%				%	·····
1			/0				1	
1			1	I	1	l .	I	1

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses				
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES				
2.	Will an actuarial opinion be filed by March 1?	YES				
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES				
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES				
	APRIL FILING					
5.	Will Management's Discussion and Analysis be filed by April 1?	YES				
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES				
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES				
	JUNE FILING					
8.	Will an audited financial report be filed by June 1?	YES				
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES				

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	SEE EXPLANATION
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	SEE EXPLANATION
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	SEE EXPLANATION
	APRIL FILING	
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanation:

- 12. Not applicable
- 15. Health Alliance Plan writes Medicare Part D through its Medicare Advantage Plan
- 16. Not applicable
- 17. Not applicable
- 18. Not applicable
- 23. Health Alliance Plan is not a member of the Michigan Life & Health Insurance Guaranty Association

Bar code:





13.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES









OVERFLOW PAGE FOR WRITE-INS

M005 Additional Aggregate Lines for Page 05 Line 47. *REVEX2 - Capital and Surplus Account

		1	2
		Current Year	Prior Year
4704.	Correction of an Error in Adoption of SSAP No. 22R.	3,489,430	0
4705.	1		0
4706.			0
4797.	Summary of remaining write-ins for Line 47 from Page 05	3,489,430	0